DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10018635-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which	h is at	ached here	to unless th	e following box is	checked:
•				-	nternational Application
Number		and v	was amende	ed on	(if applicable).
I hereby state that I have	ve revi	ewed and i	understood amendmen	the contents of th	e above-identified specification, eve. I acknowledge the duty to
	benefits ow and	under Title 3! have also ider	5, United Stat ntified below a	ny foreign application fo	f any foreign application(s) for patent or or patent or inventor(s) certificate having
COUNTRY		APPLICATION	NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
					YES: NO:
					YES: NO:
Provisional Application					
I hereby claim the benefit und below:	er Title	35, United Sta	ates Code Sec	tion 119(e) of any Unite	ed States provisional application(s) lister
below.	· · · · · ·	APPLICATION NUI	MRED I	FILING DATE	
 -		AFFLICATION NO.			
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U. S. Priority Claim					
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Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (c ntinu d)

ATTORNEY DOCKET NO. 10018635-1

Full Name of # 2 joint inventor: Terry-Le M. Fritz	Citizenship: USA
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In The Theren	9/2/03
Inventor's Signature	Date
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Residence:	
Post Office Address:	
Inventor's Signature	Date
Full Name of # 4 joint inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date
Full Name of # 5 joint inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date
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Inventor's Signature	Date
Full Name of # 7 joint inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date
Full Name of # 8 joint inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date